

Health Check for Students

Student Name (print legibly please)

Student ID

School

- **For families (grades K-5):** In the past three days has your student experienced any of the following symptoms, not caused by another condition?
- **For students (grades 6-12):** In the past three days have you experienced any of the following symptoms, not caused by another condition?

| Check if Yes | Symptoms | Check if Yes | Symptoms |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Fever 100.4°F / 38°C or higher | <input type="checkbox"/> | New loss of taste or smell |
| <input type="checkbox"/> | Cough | <input type="checkbox"/> | Sore throat |
| <input type="checkbox"/> | Shortness of breath or difficulty breathing | <input type="checkbox"/> | Congestion or runny nose |
| <input type="checkbox"/> | Chills | <input type="checkbox"/> | Nausea or vomiting |
| <input type="checkbox"/> | Fatigue | <input type="checkbox"/> | Diarrhea |
| <input type="checkbox"/> | Muscle pain or body aches | <input type="checkbox"/> | Other signs of new illness that are unrelated to a preexisting condition (such as seasonal allergies) |
| <input type="checkbox"/> | Headache | | |

YES _____

NO _____

1. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19?
2. Within the past 14 days, have you had close contact with anyone with confirmed COVID-19 or COVID-19 like symptoms? Close contact means being within 6 feet (2 meters) of an infected person for a combined total of 15 minutes or more, within 24 hours. *Note: "Close contact" was previously defined as 15 consecutive minutes.*
3. Have you had a positive COVID-19 test for an active virus within the past 10 days?
4. Have you travelled out of Washington state in the past 14 days?

YES _____

NO _____

If you answer YES to any of these questions, stay home, contact your school and follow the attendance policy.

I attest that my responses above are true and accurate to the best of my knowledge.

Parent/Guardian Signature or Student Signature

Date